Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			24				Γ	RATE	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			27 minus 20=		٠2٦			X\$ 9=		OR	X\$18=	486	
INDEPENDENT CLAIMS			∠ minus 3 =		1			X40=		OR	X80=	80	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT			4		+135=		OR	+270=	270	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL		
	C	(Column 1)	MENDED - PART II (Column 2)			(Column 3)	SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	.29	Minus	(	7_	=//		X\$ 9=		OR	X\$18=		
AME	Independent	NITATION OF MI	Minus	***	T CLAIM	14/		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	71	0011.1 CE			ADDI1.1 E.S.		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>AMENDMENT</b>	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CL AIM	=		X40=		OR	X80=		
								+135=		OR	+270=		
							ΑE	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	,	(Colu		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	<b> </b>	X40=			X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		}	7,10-		OR	7.00-	<del> </del>	
	If the enter in color	mp 1 ie laas than t	no ontre in anti-	ima O ·······	ο 40π :=	lumn 2		+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
•	The "Highest Num	nber Previously Pai	id For" (Total o	r independ	lent) is the	in 3, enter 3. e highest number	r found	d in the app	ropriate box	in col	umn 1.		

FORM PTO-875